

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		2		
5	/		/			
6	/		/			
7	/		/			
8		/	/			
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13	/		/			
14		/		/		
15	/		/			
16		/		/		
17		/		/		
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23		/	/			
24	/		/			
25		/		/		
26	/		/			
27			/			
28				/		
29				2		
30			/			
31			/			
32			/			
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	13		19			
TOTAL DEP.	13		15			
TOTAL CLAIMS	26		34			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						